

O'BANION & RITCHEY^{LLP}
INTELLECTUAL PROPERTY ATTORNEYS

Wells Fargo Center
400 Capitol Mall, Suite 1550
Sacramento, California 95814
Tel. (916) 498-1010
Fax (916) 498-1074

March 4, 2002

TELECOPIER TRANSMITTAL SHEET

TELECOPY TO: BOX RCE
COMMISSIONER FOR PATENTS
GROUP 2834

FAX NUMBER: 703-872-9318

FROM: JOHN P. O'BANION

RE: SER. NO.: 09/677,288
GROUP: 2834
EXAMINER: GONZALEZ, J.

FAX COPY RECEIVED

MAR 4 - 2002

TECHNOLOGY CENTER 2800

MESSAGE: THE FOLLOWING PAPERS ARE ENCLOSED:

1. REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL (1 PAGE);
2. PETITION FOR EXTENSION OF TIME (1 PAGE);
3. AMENDMENT (PAGES 1-16)

☒ Original will not follow
☐ Original will follow by:

The information contained in this facsimile is highly confidential and may also be subject to attorney-client privilege. The information is intended only for the use of the individual or entity to whom it is addressed. If you are not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any use, distribution or copying of this communication is strictly prohibited. If you have received this in error, please notify us immediately by calling collect, and destroy this copy. Thank you.

NUMBER OF PAGES SENT (INCLUDING COVER SHEET): 22

IF THERE ARE ANY PROBLEMS OR QUESTIONS, PLEASE CONTACT US AT (916) 498-1010. OUR FAX NO. IS (916) 498-1074.

PTO/SB/30 (10/2001)

Approved for use through 10/31/2002 OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

#10/RCE
Hawkins
+3/6/02**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**Address to:
Commissioner for Patents
Box RCE
Washington, DC 20231

Application Number	09/677,288
Filing Date	OCTOBER 2, 2000
First Named Inventor	ANDREW A. FRANK
Art Unit	2834
Examiner Name	GONZALEZ, J.
Attorney Docket Number	UC98-194-2US

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8,

1. **Submission required under 37 CFR §1.114**a. ☐ Previously submittedi. ☐ Consider the amendment(s)/reply under 37 CFR §1.116 previously filed on _____
(Any unentered amendment(s) referred to above will be entered).ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____iii. ☐ Other _____b. ☒ Enclosedi. ☒ Amendment/Replyiii. ☐

Information Disclosure Statement (IDS)

ii. ☐ Affidavit(s)/Declaration(s)iv. ☐

Other _____

2. **Miscellaneous**a. ☐ Suspension of action on the above-identified application is requested under 37 CFR §1.103(c) for
a period of _____ months (Period of suspension shall not exceed 3 months; Fee under 37 CFR §1.17(l) required)b. ☐ Other _____3. **Fees** The RCE fee under 37 CFR §1.17(e) is required by 37 CFR §1.114 when the RCE is filed.a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to
Deposit Account No. 07-1137i. ☒ RCE fee required under 37 CFR §1.17(e)ii. ☐ Extension of time fee (37 CFR §§1.136 and 1.17)iii. ☐ Other _____b. ☐ Check in the amount of \$ _____ enclosedc. ☐ Payment by credit card (Form PTO-2038 enclosed)**WARNING:** Information on this form may become public. Credit card information should not
be included on this form. Provide credit card information and authorization on PTO-2038.**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print / Type) John P. O'Banion

Signature _____

Registration No. (Attorney / Agent) 33,201

Date March 4, 2002

CERTIFICATE OF MAILING OR TRANSMISSIONI hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in
an envelope addressed to: Commissioner For Patents, Box RCE, Washington, DC 20231, or facsimile transmitted to the U.S. Patent
and Trademark

Name (Print / Type) _____

Signature _____

Date _____

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on
the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231.
DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Assistant Commissioner for
Patents, Box RCE, Washington, DC 20231.

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)Applicant(s): **ANDREW A. FRANK**

Docket No.

UC98-194-2USSerial No.
09/677,288Filing Date
OCTOBER 2, 2000Examiner
GONZALEZ, J.Group Art Unit
2834Invention: **CONTROL METHOD AND APPARATUS FOR INTERNAL COMBUSTION ENGINE ELECTRIC HYBRID VEHICLES**I hereby certify that this **REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL**
(Identify type of correspondence)is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. **703-872-9318**)on **MARCH 4, 2002**
(Date)

FAX COPY RECEIVED

MAR 4 - 2002

TECHNOLOGY CENTER 2800

JOHN P. O'BANION

(Typed or Printed Name of Person Signing Certificate)

(Signature)

Note: Each paper must have its own certificate of mailing.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09/677288

RCE Filed 3/4/02

AMENDMENT	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE <input type="checkbox"/>		OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=
X42=		OR	X84=
+140=		OR	+280=
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE

CLAIMS AS AMENDED - PART II

AMENDMENT	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY OR		OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=
X42=		OR	X84=
+140=		OR	+280=
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE

AMENDMENT	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY OR		OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=
X42=		OR	X84=
+140=		OR	+280=
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE

AMENDMENT	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY OR		OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=
X42=		OR	X84=
+140=		OR	+280=
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 9, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.